



REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

To Be Completed By the Parent or Legal Guardian of a Participant Younger than 18 Years:

Recreation Center: _____ Date: _____

Participant Name: _____ Gender: M / F Age: _____

School: _____ Grade: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Primary Phone: _____

Alternate Phone: _____ Parent Email: _____

Parent/Guardian Name: _____ Primary Phone: _____

Alternate Phone: _____ Parent Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____ Relationship: _____

Physician Name: _____ Phone: _____

Insurance: YES / NO Insurance Provider & ID Number: _____

Medicaid: YES / NO Area Office: _____ Case Worker: _____

Child's Special Needs and Conditions (Physical and Psychological) (*attach additional page if needed*):

Child's Allergies (including animals): _____

Child's prescribed medications: _____

PLEASE ATTACH A PICTURE OF THE PARTICIPANT

Proof of Residency

City of Atlanta Employees: **Employee ID #** _____

Drivers License #: _____ *or* **State of Georgia ID Card #:** _____

Please present one of the following documents as proof of residency

1. **Electric Bill #** _____
2. **Gas/Water Bill #** _____
3. **Telephone Bill #** _____

OFFICE USE ONLY

☐ RESIDENT

☐ NON-RESIDENT

PLEASE ATTACH A COPY OF ALL DOCUMENTS USED TO ESTABLISH PROOF OF RESIDENCY

City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs



REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

Please select the program(s) that you are registering for:

☐ K-6 Afterschool Program
(Res: \$35/week; Non-Res: \$110/week)

☐ Camp Best Friends
(Res: \$35/week; Non-Res: \$110/week)

☐ Therapeutics Camp
(Res: \$35/week; Non-Res: \$110/week)

☐ Teen Club
(\$50/year)

Lake Allatoona

- ☐ Canoeing 101 (\$15) ☐ Canoeing Trips (\$20) ☐ Kayaking 101 (\$15) ☐ Kayaking Trips (\$20)
☐ Camping 101 (\$10) ☐ Camping Trips (\$20) ☐ Primitive Skills (\$15) ☐ Nature Walks (\$5)
☐ Hiking (\$5) ☐ Intro to Backpacking (\$15) ☐ Fishing (\$5)

Athletics

(Res: \$75/sport/year; Non-Res: \$150/sport/year)

- ☐ Baseball ☐ Basketball ☐ Softball ☐ Soccer ☐ Football
☐ Track ☐ Volleyball ☐ Cheerleading ☐ Dance

Aquatics

Competitive Swim League (CAD)

- ☐ Novice (Res: \$135/year; Non-Res: \$165/year) ☐ Advanced (Res: \$135/year; Non-Res: \$165/year)

Classes

- ☐ Individual Swim Lessons (Minimum 3 lessons) (Res: \$35/hour; Non-Res: \$45/hour)
☐ Group Swim Lessons (30+) (Res: \$35/12 lessons; Non-Res: \$65/12 lessons)
☐ Mixed Group Swim Lessons (up to 10) (Res: \$65/12 lessons; Non-Res: \$80/12 lessons)
☐ Water Aerobics/Hydrotherapy (Res: \$55/12 weeks, 24 classes; Non-Res: \$70/12 weeks, 24 classes)

Lifeguard Training: ☐ Course (Res: \$95; Non-Res: \$110) ☐ Review (Res: \$85; Non-Res: \$100)

CPR: ☐ Course (Res: \$95; Non-Res: \$110) ☐ Review (Res: \$60; Non-Res: \$75)

☐ Water Safety Instructor Course (Res: \$125; Non-Res: \$140)

☐ Certified Pool Operator (CPO) Course (Res: \$235; Non-Res: \$250)



REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

Out of School Time Program Permission

As a parent/guardian of a child enrolled in the Out of School Time program, I give permission for my child to participate in all Out of School Time activities, including but not limited to instructional swimming and field trips. I acknowledge that I have received the *Out of School Time Program K-6 Parent Guide*, and that the staff at the _____ Recreation Center/Culture Club has discussed all policies and procedures within the parent guide with me. I agree to follow and comply with the policies and procedures of the Department of Parks, Recreation and Cultural Affairs Out of School Time program.

Parent/Guardian Signature: _____ Date: _____

Facility Manager Initials: _____

Pick-Up Authorization

Please list below the individual(s) who are authorized to pick up your child.
A photo ID will be required for these individuals to pick up your child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE ATTACH A COPY OF PICTURE ID OF PARENT/GUARDIAN AND ALL AUTHORIZED PERSONS LISTED TO THIS FORM.

I do hereby authorize the City of Atlanta Department of Parks, Recreation and Cultural Affairs staff to release my child to the individual(s) listed above.

Parent/Guardian Signature: _____ Date: _____

Facility Manager Initials: _____

Payments

Please make all payments payable to: **CITY OF ATLANTA OFFICE OF RECREATION.**

Please request a receipt for each payment. Make sure the participant's name, the name of the program(s), and the name of the center is placed on each **cashier's check**, **personal check** and/or **money order**. Please call 404-546-6788 if you do not receive a receipt.

Fees are due at time of registration. For Afterschool and Camp Best Friends, a minimum payment of at least one (1) week is required upon registration.

No requests for registration refunds will be accepted after start of program participation.

☐ Check here for information on how to qualify for the City of Atlanta reduced rate